

# SUPPORTING SCHOLARS WITH MEDICAL CONDITIONS POLICY

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## 1. Aims

This policy aims to ensure that:

- Scholars, staff and parents understand how our school will support scholars with medical conditions
- Scholars with medical conditions are properly supported to allow them to access the same education as other scholars, including school trips and sporting activities

The Challenge & Community Committee (C&CC) will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of scholar's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support scholars with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant scholars
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Carrie Baker.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting scholars at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting scholars at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### 3.1 The Challenge & Community Committee (C&CC)

The C&CC has ultimate responsibility to make arrangements to support scholars with medical conditions. The C&CC will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Principal**

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support scholars in this way
- Contact the school nursing service in the case of any scholar who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.3 Staff**

Supporting scholars with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to scholars with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support scholars with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of scholars with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a scholar with a medical condition needs help.

### **3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

### **3.5 Scholars**

Scholars with medical conditions will often be best placed to provide information about how their condition affects them. Scholars should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a scholar has been identified as having a medical condition that will require support in school. This will be before the scholar starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any scholars identified as having a medical condition.

#### **4. Equal opportunities**

Our school is clear about the need to actively support scholars with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so

The school will consider what reasonable adjustments need to be made to enable these scholars to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that scholars with medical conditions are included. In doing so, scholars, their parents and any relevant healthcare professionals will be consulted.

#### **5. Being notified that a child has a medical condition**

When the school is notified that a scholar has a medical condition, the process outlined below will be followed to decide whether the scholar requires an IHP. For more minor health issues the information will be collected by the Pastoral Team during transition and added to the Transition spreadsheet. This information will be added to SIMS at the start of Term 1. The Senior Pastoral Lead will have responsibility for this.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for scholars who are new to our school. See Appendix 1.

#### **6. Individual healthcare plans**

The Principal has overall responsibility for the development of IHPs for scholars with medical conditions. This has been delegated to Carrie Baker (SENDCo).

Plans will be reviewed at least annually, or earlier if there is evidence that the scholar's needs have changed.

Plans will be developed with the scholar's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all scholars with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus. The Principal will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the scholar's specific needs. The scholar will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a scholar has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The C&CC and SENDCo (Carrie Baker) will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The scholar's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the scholar's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a scholar is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the scholar's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the scholar's condition and the support required
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the scholar during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the scholar can participate, e.g. risk assessments. The risk assessments will be completed by the member of staff organising the visit in conjunction with EVC(Educational visits Coordinator)
- Where confidentiality issues are raised by the parent/scholar, the designated individuals to be entrusted with information about the scholar's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Furthermore, The SENDCo, Senior Pastoral Leader and Pastoral Leads are responsible for the collection of information during the primary school transition period to collate all medical information on scholars. This is in addition to the information provided by parents via the admissions procedures. This also includes scholars who join part way through a school year. The SENDCo has overall responsibility to ensure the information on IHCP scholars is recorded in the required places e.g. Provision Map. Generic medical information collected on these visits will be recorded on SIMS by administration staff and spot checked by the Vice Principal - Aspiration and Senior Pastoral Lead.

## **7. Managing medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the scholar's health or school attendance not to do so and
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the scholar without the knowledge of the parents.

Scholars under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a scholar any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in-date.

All medicines will be stored safely in the locked cupboard at Main Reception. Scholars will be informed about where their medicines are at all times and be able to access them immediately, under the supervision of staff. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to scholars and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **7.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A scholar who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another scholar to use. All other controlled drugs are kept in a secure cupboard at Main Reception and only named staff have access (PME, VBR, STY, CBA Pastoral Leads, MCH). Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Scholars managing their own needs**

Scholars who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Scholars will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a scholar to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the scholar's IHP, but it is generally not acceptable to:

- Prevent scholars from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every scholar with the same condition requires the same treatment
- Ignore the views of the scholar or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the scholar becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise scholars for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent scholars from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their scholar, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent scholars from participating, or create unnecessary barriers to scholars participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask scholars to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All scholars' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a scholar needs to be taken to hospital, staff will stay with the scholar until the parent arrives, or accompany the scholar to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting scholars with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to scholars with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Carrie Baker (SENDCo). Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the scholars
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record keeping**

The C&CC will ensure that written records are kept of all medicine administered to scholars.

Parents will be informed if their child has been unwell at school.

IHPs are readily accessible on Provision Map and all staff are aware.

## **11. Liability and indemnity**

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

## **12. Complaints**

Parents with a complaint about their child's medical condition related to an IHCP should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure. Other medical issues should be referred to the Pastoral Team.

## **13. Monitoring arrangements**

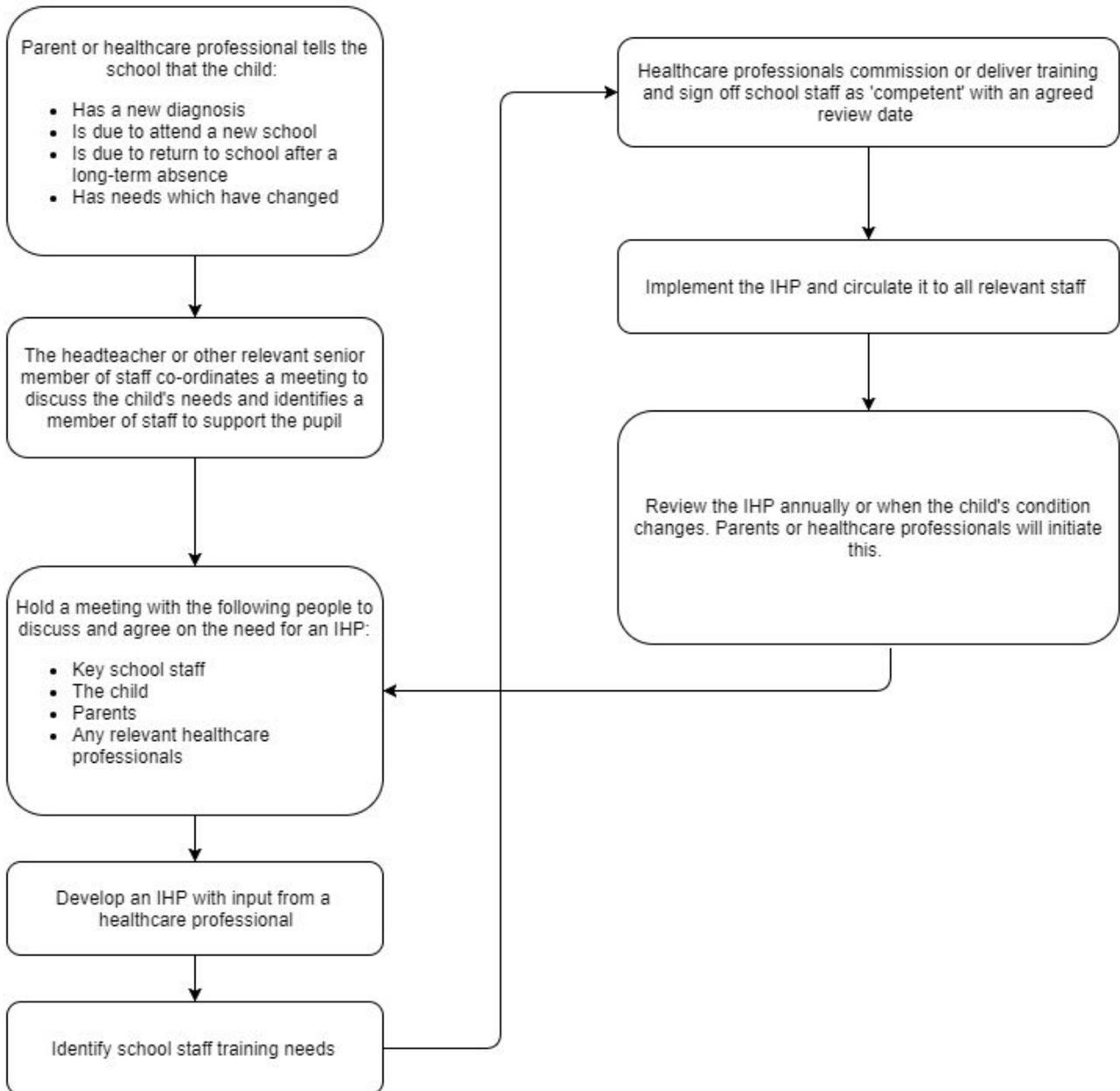
This policy will be reviewed annually by the SENDCo/Vice Principal and approved by the Principal.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition



## **FIRST AID PROCEDURES**

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. If required, parents/carers, and the child if appropriate, should obtain details from the child's General Practitioner (GP) or paediatrician.

Parents/carers have the responsibility to inform the school about any changes in their child's medical condition; this should be confirmed in writing and relevant medical information will then be passed to the SENDCo for IHCP matters and Pastoral Team for all other matters.

### **1. Arrangements for First Aid**

TFS has designated first aiders who are responsible for delivering First Aid and have completed the training appropriate to the level of need as identified at the School. Trained first aiders are: MCH, STY, CBA, KYA, PME, KYA, VBR.

First aiders will be contacted by Main Reception to report to the injured person.

The main duties for a first aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school;
- When necessary, ensure that an ambulance is called.

### **2. Procedures for First Aid**

- First aid trained personnel should not give first aid treatment for which they have not been trained to do.
- Those staff qualified in first aid should administer first aid in an emergency and then contact home to inform the parent or carer of the incident.
- Permission must be sought from a member of the Senior Leadership Team before sending a scholar home.
- If a scholar is being collected, Reception needs to be informed.

### **3. In the case where a child has been sick or an injury has taken place:**

- If the scholar says they feel unwell then teachers should encourage the scholar to wait to break/lunch break if they are struggling. If the scholar still feels unwell, they should be sent to the relevant member of Pastoral Staff. In an emergency, send a scholar to Reception to request urgent support. In an emergency situation, the Principal must be notified immediately.
- Reception will phone a member of the first aid team, who will come to assist the scholar.
- Teaching staff should encourage scholars to wait until break times or lunch to visit the first aid room (only if it is a minor injury or illness that does not require immediate treatment).
- If a child has been sick and needs to go home, a member of the Pastoral Team (First Aider) is to phone the parents/carers and arrange for them to collect the child. The child should sit in an appropriate area to wait to be collected.
- If the child has been injured, then the treating first aider is to document the incident in the school incident folder: This includes the time, year group, scholar's name, reason for medical assistance and the outcome of the incident.

During break time and lunchtime, Reception is always open for non-emergency medical issues.

Reception should send any scholars back to lesson who have failed to follow this procedure, if it is safe to do so.

#### **4. Minor Injuries**

- The first aider should assess the child and treat the problem using first aid boxes allocated in Reception.
- The first aider is to complete an accident form located in Reception.
- If a child needs to go home, the first aider should phone the parents or carer and arrange for them to collect the child.
- If the injury requires supervision then a first aider should stay with the child until the parent arrives. No child is to be left unattended.

#### **Serious accident procedures**

Do not move the child until a first aider has made an assessment. If unsure an ambulance will be called Reception will notify parents of the issue and if an ambulance has been called.

If contact cannot be made, a member of the pastoral staff will accompany the child in the ambulance. If an ambulance is not required, but a hospital visit is needed the child will be taken to hospital by an insured driver and a first aider. SLT will make this decision.

#### **5. Procedure for dealing with first aid incidents for all off site activities and trips**

First aid kits should be taken on all trips and it will often be appropriate for a trained first-aider to accompany the visit. Should illness or an accident occur during a visit, the procedures given below must be adhered to, as far as is practicable. Teachers will need to exercise their judgement about the best course of action: this may vary considerably according to circumstances.

#### **6. Hygiene Procedure for Dealing with the spillage of Blood or Body Fluids**

- Staff must wear disposable gloves when toileting or dealing with blood or body fluids.
- A fluid disposal box is kept in the Medical Room.
- The facilities team should be contacted and have fluid appropriate disposal materials to deal with other spillages.

#### **7. Reporting of Incidents**

All incidents requiring first aid (whether minor or major) must be recorded on the school incident portal and accident log. This is located on the school intranet and can be used on any school site.

It is the responsibility of the first aiders dealing with an injury or administering first aid, to complete an accident form. This is located on the school intranet portal.

The form should be completed with:

- The date, time and place of incident;
- The name and year group of the injured or ill person;
- The details of the injury/illness and what first aid was given, what happened to the person immediately afterwards (for example went home, resume normal duties, went back to class, went to hospital); and
- The name and signature of the first aider dealing with the incident.

## **8. General accidents with staff**

The procedure above is followed and completed on the same incident/accident form. The details of the injury should be given as facts not opinions and as a witness statement documenting exact facts of what was done and seen.

## **9. Intimate Care**

### **Principles**

All members of staff, following a clear management lead, are positive in their attitude to intimate care. The school is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Members of staff who provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

A risk assessment will be undertaken on any matter of intimate care which presents a significant risk (e.g. exposure to bodily fluids, manual handling) and hygiene procedures followed to avoid infection.

### **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases, such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures, only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

### **Procedures**

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Any historical concerns (such as past abuse) should be noted and taken into account.

Staff who provide intimate care are fully aware of best practice. The school has a "named professional" to whom they can refer for advice. The Principal will arrange appropriate training for all school staff who are willing to administer intimate care.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies. These will include disposable gloves and aprons.

It is essential that the adult who is going to change the child inform the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff

involved in intimate care will not be involved in the delivery of sex education to the children in their care, as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. This is to be included on the Individual Health Care Plan and listed who their key worker is.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male member of staff is available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

#### **10. Soiling**

Intimate care for soiling will only be given to a child if this has been previously agreed in a Health Care Plan.

#### **11. The Protection of Children**

Safeguarding procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor/school nurse and Principal to identify the areas of concern and how all present can address them.

If these concerns continue, there should be discussions with the Designated Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to a member of the Safeguarding Team.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.